NEBRASKA VOTER REGISTRATION

You can use this form to:

Register to vote in Nebraska Change your name and/or address, if there is a change since you last voted Change your party affiliation

To Register to Vote in Nebraska you must:

- 1. Be a United States Citizen
- 2. Be at least 18 years of age or will be 18 years of age on or before the first Tuesday after the first Monday of November
- 3. Live in the State of Nebraska
- 4. Have not been convicted of a felony, or if convicted your civil rights have been restored
- 5. Have not been officially found to be mentally incompetent

Deadline Information:

The registration form if mailed must be postmarked on or before the third Friday before the election. Upon receipt of the registration form, the election commissioner or county clerk will send you a notice of registration if the voter registration form is proper.

Political Party Affiliation:

If you wish to vote in both partisan and nonpartisan primary elections, you must indicate a political party affiliation on the registration form. If you register without a political party affiliation (independent) you will receive only the nonpartisan ballots at the primary election.

Questions?

Call your County Clerk or Election Commissioner. TDD call Nebraska Relay at 1-800-833-7352

(Please detach before mailing)

Please print

NEBRASKA VOTER REGISTRATION FORM

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THIS REGISTRATION FORM MUST BE POSTMARKED ON OR BEFORE THE THIRD FRIDAY BEFORE THE ELECTION.

Upon receipt of the registration form, the county clerk or election commissioner will send a notice of registration to you if the registration form is proper. This application may be delivered to the office of the county clerk or election commissioner by mail, in person, or by personal messenger.

| Mr. Mrs. | Last Name | | Fi | First Name | | (Plea | se Circl | e) | County | | |
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| Ms. Miss | | | | | | Jr. S | Sr. II II | I IV | | | |
| | 11 (G: | . 15 // | a: m | | State | | ** | 0 /7 | 1: 75 | 0.1 170 | |
| Residence Address (Street or Route and Box#) | | | City or Tov | City or Town | | Zip Se | | Sec./To | ownship/Range | School Dist. | |
| | | | | | | | | / | / | | |
| Postal Address (if different from above) City | | | ity or Town | Town State Zip | | | Phone Number (Optional) | | | | |
| | | | | | | | Home: | | Wor | rk: | |
| Birthday Month/Day/Year Bir | | | Birthplace - City/St | rthplace - City/State or Country (Optional) | | | | Maiden Name (Optional) | | | |
| / | / | | | | | | | | | | |
| Previously Registered Name (if different from above) Previously Registered Address Cit | | | | | | | | State | | | |
| | | | | | | | | | | | |
| Political Party Affiliation - check one box: | | | | | | | | | | | |
| | | | ther (you must name | e the political party) | | | | | | | |
| Note: If you wish to vote in both partisan and nonpartisan primary elections you must indicate a political party affiliation on the registration form. If you register without a | | | | | | | | | | | |
| political party affiliation (independent) you will receive only the nonpartisan ballots at primary elections.) | | | | | | | | | | | |
| To the best of my knowledge and belief, I declare under penalty of election falsification that: I am at least eighteen years of age or will be eighteen years of age on or before the first Tuesday after the first Monday of November; I am a citizen of the United States; I live in the State of Nebraska at the address provided above; I have not been convicted of a felony or, if convicted, my civil rights have been restored; and I have not been officially found to be non compos mentis (mentally incompetent). Any registrant who signs this form knowing that any of the information on the form is false shall be guilty of class IV felony under section 32-1502 of the statutes of Nebraska. The penalty for a class IV felony is up to five years imprisonment, a fine of up to ten thousand dollars, or both. | | | | | | | | | | | |
| Signati | re of Applica | nt (Please sign full i | name or put marl | k) If you are unal | ole to sign your | name. | R | egistr | ar, Signature of | of Registrar not | |
| please give the name and address of the person who helped you fill out this application. | | | | | | | | needed for agency or mail-in registration | | | |
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Date: